

NEWS ARTICLE: 09.12.03

BUYER BEWARE

"Area seniors tapping Canada's drug supply: Howell center plans bus trip over the border." So reads a headline in the August 30, 2003 edition of the LANSING STATE JOURNAL. We've seen such articles time and time again, and there continues to be a growing interest in prescription drugs from Canada.

Recently, I attended a legislative conference in Maine where similar headlines and trips over the border occur, and one of the sessions was on drug importation. Some of the things I learned cause me some concern, and while I am not going to suggest persons do or do not participate in these activities because I believe it is a personal choice, I believe that buyers need to know the potential risks in doing so. They can then determine whether or not the cost savings justify taking those risks. Let me share with you some of what I learned.

The most common procedure involves getting a prescription here in the States which must be co-signed or reissued by a Canadian physician in order to comply with Canadian law. In some cases, a local product may be substituted for the U.S. product. For instance, one might have a U.S. prescription for Prilosec (the purple pill) and actually receive the Canadian version of Losec which is a pink tablet. And the Canadian physician is not covered for any liability in his/her role in the procedure. Next, the outlet dispenses the prescriptions, and the consumer returns to the United States.

Many do not realize that with very limited exception when the patient has a serious problem for which a treatment is not available in the U.S., it is only legal under U.S. law for a manufacturer to import drugs. Personal importation is illegal because the U.S. has a closed distribution system which was created not to protect prices (as some might suggest) but for safety concerns.

Drug development, manufacturing and distribution are highly controlled in the United States. During the research, development and testing phase before each drug goes to market, there are federal controls at every phase. The Federal Drug Administration (FDA) approves how and where drugs are manufactured and packaged. They approve how they are labeled and temperature controls under which they must be shipped. The states control through statutes who can prescribe and dispense drugs. Products are tracked from the manufacturer to the pharmacy, and there are other regulations such as required blood tests for those prescribed Clozaril or tests for pregnancy if a drug could have a fetal impact. Canadians also have rules, but they are different and not as stringent as those in our country. Ironically those U.S. regulations put in place for safety and to keep counterfeit products off the market, come with a price tag which, of course, adds to the overall cost of the drug itself. One just needs to realize that you go outside all these protections when you go outside the country for drugs.

Worldwide 10% of all medications are counterfeit. If one takes the U.S. out of the equation because of increased controls here, that number goes up in the percentage of counterfeit

drugs in other countries. The U.S., however, is not immune totally to counterfeits - a counterfeit Lipitor actually reached the pharmacy shelf, and the FDA launched an initiative in July to figure out the "holes" in our safety net.

Some have resorted to Canadian mail order for prescriptions, and sometimes the entity they are ordering from is not actually in Canada. There is one website, for example which has a waving Canadian flag and a maple leaf at the top of the page, but if one reads carefully, the drugs are actually coming from Barbados. Remember, it is much harder to sue internationally than in the U.S.

Americans are bargain hunters and while we might be willing to accept "knock offs" in watches, purses or shoes, I'm not sure all of us are willing to accept "knock offs" in medications which might impact our health. Even taking the pills to your pharmacist may not help you establish the validity of the drug because Canadian drugs are not required to be labeled the same as in the U.S. Pharmacists are concerned about their potential liability in responding to customers when they did not issue the drug.

However, Medicare has gaps, and many seniors are underinsured and without prescription coverage. Employers are cutting the cost of health care premiums by requiring higher co-pays. So, even though federal law prohibits the importation of prescription drugs, many will continue to cross the border to find relief in the high cost of prescriptions. And they will find it. Canadian policy sets drug prices and dictates that Canadian prices must be at least 24% less than those in the U.S. Authorities will not enforce the federal law because no one wants to put the handcuffs on Grandma or run in a whole busload of senior citizens. Politicians will continue to pound the podium and complain, but the truth of the matter is, we will never get below the Canadian prices. The best we can hope for is some kind of relief through a Medicare program that will assist seniors rather than the current system which forces them to take risks and break the law.

By Senator Bev Hammerstrom
17th District